

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769453

FILED
Mar 09, 2009
Secretary of State

Entity Name: WEST PALM BEACH FISHING CLUB, INC.

Current Principal Place of Business:

201 FIFTH STREET
P.O.BOX 468
W PALM BCH, FL 33402

New Principal Place of Business:

201 FIFTH STREET
W PALM BCH, FL 33401

Current Mailing Address:

201 FIFTH STREET
P.O.BOX 468
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 65-0058566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWYFORD, THOMAS L., JR.
201 FIFTH STREET
W. PALM BEACH, FL 33402 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOLLEY, JOHN W., JR.
Address: 205 S OCEAN BLVD
City-St-Zip: MANALAPON, FL

Title: SD () Delete
Name: KLEISER, DANIEL R.
Address: 200 W RIVERSIDE DR
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: FLOYD, THOMAS
Address: 400 EXECUTIVE CENTER DR. #105
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: TWYFORD, THOMAS L., JR.
Address: 921 LAUREL RD
City-St-Zip: N PALM BCH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOLLEY, JOHN W., JR.
Address: 205 S OCEAN BLVD
City-St-Zip: MANALAPON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SCHULZ, PETE
Address: 9930 S.E. BUTTONWOOD WAY
City-St-Zip: TEQUESTA, FL 33469

Title: PD (X) Change () Addition
Name: TWYFORD, THOMAS L., JR.
Address: 921 LAUREL RD
City-St-Zip: N PALM BCH, FL

Title: TD () Change (X) Addition
Name: TYSKA, HENRY
Address: 4575 WAYMOUTH STREET
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM TWYFORD

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date